Share your thoughts and ideas

Please provide the information requested below.

All information is kept strictly confidential and will not become part of your medical record. You may submit this form anonymously; however, this may limit our ability to clarify your feedback for appropriate action.

May we contact you if we need additional information?

☐ Yes ☐ No

Would you like a response regarding your feedback?

☐ Yes ☐ No

Name: _____

UT EID: _____

If you would like us to respond to your feedback, how would you prefer to be contacted?

☐ Phone: _____

☐ Email: _____

Where were you seen?

☐ Urgent Care
☐ Laboratory
☐ Sports Medicine
☐ STI Clinic
☐ General Medicine
☐ Gynecology Clinic
☐ Allergy, Immunization, & Travel
☐ Physical Therapy

☐ Other: _____

What type of feedback would you like to provide?

☐ Complaint
☐ Suggestion
☐ Compliment

Please help us narrow down your feedback by selecting one or more of the following options:

☐ Appointment Scheduling
☐ Customer Service
☐ Charges
☐ Wait Time
☐ Clinical Care

☐ Other: _____

Patient Feedback Form

Our goal is to provide exceptional service and care...every person, every time. We value your feedback and suggestions to help us maintain and improve the services we provide. Please share your thoughts and ideas below and kindly deposit this form in one of our feedback boxes in the Student Services Building (SSB).

Today's Date: _____

Date and Time of Visit (if applicable): _____

We would love to hear your perspective. Please give details, name(s), or identifying characteristics if your feedback is regarding a recent visit or staff member:

You Share
We Care

healthyhorns

The University of Texas at Austin
University Health Services
Division of Student Affairs